Instructions for Form FTB 3537

Payment Voucher for Automatic Extension for Limited Liability Companies

General Information

California does not require the filing of written extensions. If a limited liability company (LLC) cannot file Form 568, Limited Liability Company Return of Income, by the return's due date, the LLC is granted an automatic 6 month extension.

However, an extension of time to file is **not** an extension of time to **pay** the LLC fee or the nonconsenting nonresident members' tax.

Use the payment voucher below to mail in the payment for the LLC fee and the nonconsenting nonresident members' tax if the LLC cannot file Form 568 by the 15th day of the 4th month following the close of the taxable year (fiscal year) or April 17, 2000 (calendar year). An LLC electing to be taxed as a corporation should use form FTB 3539, Payment Voucher for Automatic Extension for Corporations and Exempt Organizations.

Caution: Use form FTB 3522, Limited Liability Company Tax Voucher, if paying the \$800 annual LLC tax. Do not use this form.

If the LLC cannot file its California LLC return, Form 568, by the 15th day of the 4th month following the close of the taxable year (fiscal year) or April 17, 2000 (calendar year), it may file its LLC return on or before the 15th day of the 10th month following the close of the taxable year (fiscal year) or October 16, 2000 (calendar year), without filing a written request for an extension.

If the return is filed by the 15th day of the 10th month following the close of the taxable year (fiscal year) or October 16, 2000 (calendar year), the return will qualify for the extension.

How to Complete Form FTB 3537

Enter all the information requested on the payment voucher. To ensure the timely and proper application of the payment to the LLC's account, enter the Secretary of State (SOS) file number (assigned upon registration with the SOS) and the federal employer identification number (FEIN).

Note: If you lease a private mailbox (PMB) from a private business rather than from the United States Postal Service, include the PMB number in the field labeled "PMB no." in the address area.

Side 1 - Box 1, LLC fee due -

This is the amount you expect to enter on Form 568, Side 1, line 2. Use the chart located in the Limited Liability Company Tax Booklet (General Information – G) to estimate the LLC fee.

Box 2, Total members' tax due -

Enter the amount from Side 2. See the Limited Liability Company Tax Booklet (Specific Instructions – Schedule T) for the proper calculation of this tax.

Box 3, Amount of payment -

Enter the total of box 1 and box 2.

Side 2 – List the name, social security number, or FEIN for each nonconsenting nonresident member that did not sign form FTB 3832, Limited Liability Company's List of Members and Consents.

Where to File

Detach and mail the voucher portion along with the payment to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0651

Penalties and Interest

If the LLC fails to pay 100% of its LLC fee or the nonconsenting nonresident members' tax by the 15th day of the 4th month following the close of the taxable year (fiscal year) or April 17, 2000 (calendar year), a late payment penalty plus interest will be added to the tax due.

TAXABLE YEAR	Payment	Voucher fo	or Automa	tic		CALIFORNIA FORM
1999	Extension	n for Limite	ed Liabilit	y Companies	6	3537 (LLC)
For calendar year	1999 or fiscal year	beginning month	day	year 1999, and ending m	nonth day	year
Limited liability comp	pany name				Secretary of State file (S	SOS) number
1 1 1 1						
DBA/Attention					Federal employer identi	fication number (FEIN)
Delivery address City, town, or post of	fice		State ZIP Code		lendar year – le April 17, 2000)	Box 1 – LLC fee due
"FTB 3537 1999" on 1 FRANCH PO BOX	the check or money order IISE TAX BOARD	Franchise Tax Board." Write r. Mail this voucher and the	e check or money order Do not		Box 3 – Amount of pay	rment (add Box 1 and 2)

— — — — — DETACH HERE — — — —

		- — DETACH HERE — — —				
		— DETACH HERE — — —				
Limited liability company name	Secret	ary of State file number		Federal employer identification number (FEIN)		
				+		
Nonresident member(s) that did not sign for	n FTB 3832:					Taxable Year 199
Member's name		Social security number or FEIN	Disbributiv	ve share of income	x tax rate	Member's tax due
					X	
					Х	
					Х	
					Х	
Total tax due. Enter this amount in Box 2 on 5	Side 1 (This is the an	nount you expect to enter on F	Form 568, S	ide 1, line 4)		\$
Attach additional sheets if necessary.						